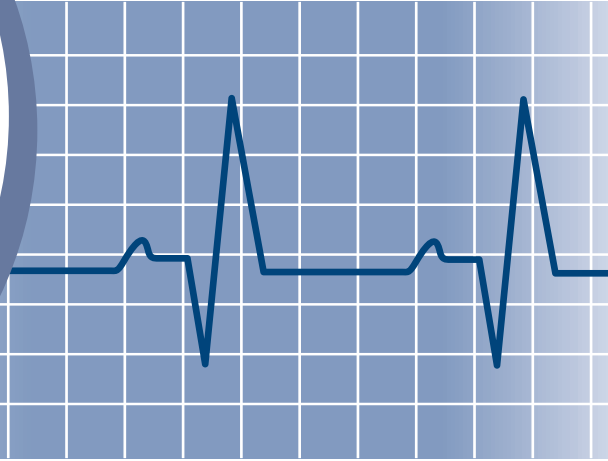
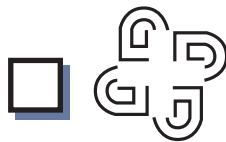


In·no·va·tion
 Ac·count·a·bil·i·ty
 Com·pas·sion
 Com·mu·ni·ca·tion
 Team·work



Please consider my application for positions at:



GRAHAM HOSPITAL
"Our Community's Choice"

210 W. Walnut St., Canton, IL 61520



**GRAHAM
 MEDICAL GROUP**



Affiliated with Graham Hospital

175 S. Main St.
 Canton, IL 61520

141 Vernon St.
 Farmington, IL 61531

2001 N. Main St.
 Lewistown, IL 61542

114 S. 4th St.
 Cuba, IL 61427

"We are the Community's choice for an exceptional healthcare experience."

Employment Application

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

LANGUAGE

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

REFERENCES

LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date _____ Signature _____

FOR OFFICE USE ONLY

HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (Please keep all information factual) _____

IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES NO

INTERVIEWER'S SIGNATURE

STARTING DATE EXEMPT NON-EXEMPT

COMPLETION OF EVALUATION PERIOD DATE APPROVED BY

DEPARTMENT COST CENTER

SIGNATURE

POSITION/JOB SITE

FULL TIME ON CALL STATUS
 PART TIME ROTATION

STARTING SALARY/GRADE DIFFERENTIAL SHIFT EMPLOYEE NUMBER

NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS TELEPHONE